

**Seattle-King County Department of Public Health
Environmental Health Division - Permits and Licenses
First Interstate Center, 999 – 3rd Avenue, Suite 700 - Seattle, WA 98104-4099
(206) 296-4727**

**Application for Sludge Hauler
Registration and Inspection Certificate**

Renewals due by December 31 (\$100.00 application fee, \$25.00/vehicle, exam fee \$25.00, Late fees 25% after January 10, 50% after January 30)

New Application _____ **Renewal** _____ **No. of Vehicles to be registered** _____

Business Name _____

Applicant's Name _____
(applicant must be person who has passed competency exam)

Street address _____

Mailing address _____

City _____ **State** _____ **Zip** _____ **Phone** (____) _____

Ownership Information:

Single Proprietor _____ **Partnership** _____ **Corporation** _____

Name of Owner (if partnership, list all partners; if corporation, list all officers) Attach additional sheet if necessary.

Name	Address	Phone
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

Boundaries of Collection Area: _____

Signature of Applicant _____ **Date** _____
(Application must be signed by the authorized officer of the corporation, or managing partner, or individual owner who has passed the competency exam.)

For Official Use Only

Certificate # _____ **No. of vehicles** _____ **Approved** _____ **Disapproved** _____

Signature _____ **Date** _____

Fees Paid: Application \$ _____ Vehicle \$ _____ Exam \$ _____

SEWAGE PUMPER VEHICLE INSPECTION REPORT	Seattle-King County Department of Public Health
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Date _____ Inspected By _____
 Health Department Representative (print name)

Name of any owner or representative present during inspection _____

Name of Applicant _____

Name of Firm _____ Address _____

Telephone(_____) _____ City _____ Zip _____

Address where vehicles are stored _____

COLLECTION VEHICLES:

	Make and Model	License Number	METRO # (if applicable)	Capacity in Gallons	Construction of Tank	Type of Sludge Release Outlet
1						
2						
3						
4						
5						

EQUIPMENT INFORMATION:

Record information on each vehicle regarding license number, type of tank or container, vehicle and tank condition, sludge release outlet (location, type, avoids splattering), sludge pump (kind), provision for spill avoidance, cleanup, gauge to indicate contents, pump and hose (how cleaned?), cleaning hose carried? Cleanliness of equipment.

Equipment		Vehicles					Remarks: Complete if any item for any vehicle is not marked "ok" in columns at left
		1	2	3	4	5	
Tank Container	Leakproof, no dents or corrosion						
Tank Cover	Tightfitting, spillproof						
Release Valve and Hose	Valve, hose, fittings good, no leaks						
Overfill Protection	Positive check valve present or contents level gauge						
Level Indicator	Recommended, but not required if check valve used						
Pump	Type, condition (able to handle septage without intake strainer)						
General Cleanliness	Clean, provision for spill cleanup						
KC #	Clearly legible						
Company Name	Clearly legible						

SEWAGE PUMPER VEHICLE INSPECTION REPORT

Seattle-King County
Department of Public Health

Additional remarks and/or corrections:

If truck is used only for storage or transport to disposal site:

1. Describe how and where sludge transfer from pumper truck to this truck is done
2. Describe precautions taken to minimize and contain spills
3. License number of truck

Recommended for: Approval ☐ Disapproval ☐ _____
District Health Center

Sanitarian's Signature _____ Date _____

DISPOSAL SITE LETTER OF AUTHORIZATION

Applicant: Fill out the top part and submit copies of this letter to (1) the disposal site operator and (2) the sewerage authority for authorization. Return with your application to the Seattle-King County Health Department, First Interstate Center, 999 - 3rd Avenue, Suite 700, Seattle, WA 98104-4099.

Name of Firm Name of Applicant _____

Address City Zip Phone _____ (____) _____

Boundaries of Collection Area: _____

Disposal Site to be Used: _____
Name of Site

Address

Disposal site owner/operator should complete #1 and #3; sewerage authority should complete #2 and #3, below.

1. Firm or agency owning/operating disposal site _____

Mailing Address City Zip Phone _____ (____) _____
Person authorizing sewer use:

Print Name Position Signature

2. Name of sewerage authority _____

Mailing Address City Zip Phone _____ (____) _____

Authorized by:

Print Name Position Signature

3. Time period of authorization _____ to _____
Date Date

Authorization permit or account No. _____

Authorized Collection Vehicles (For additional vehicles attach a sheet of paper with the information requested)

Make and Model	License Number	Capacity in Gallons

Disposal Product ☐ Septage from cleaning of septic tanks, grease traps, etc.

Authorized: ☐ Chemical toilet waste

☐ Other - Describe

Conditions of ☐ Submit copy of current Seattle-King County Health Department

Authorized Sludge Hauler's Registration

☐ Other _____

WASTEWATER TANK PUMPING REPORT FORM**Seattle-King County
Department of Public Health**

Company Name _____ Month and Year _____

Date Pumped	Customer Address	City	Zip	No. of Gallons	Disposal Site	Date Disposed

◆ Licensee Must Sign:*I certify, to the best of my knowledge, that the above information is true, accurate and complete.*_____
Signature**◆**License is the company representative who has passed the certification exam.

APPLICATION FOR CERTIFICATE OF COMPETANCY

SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
(206) 296-4727

Complete this form and return it together with your \$75.00 non-refundable examination fee to:

Seattle-King County Department of Public Health
Environmental Health Division
First Interstate Center
999 - 3rd Avenue, Suite 700
Seattle, WA 98104-4099

Note: Examinations are given only on pre-scheduled dates. **THE NEXT EXAM IS SCHEDULED FOR _____ 19____.**
For additional information regarding scheduled exam dates, please contact Licenses and Permits at (206) 296-4727.

Please Check One:

- ☐ **Master Installer Certificate** - Prior to the Master Installer Certificate being issued, a Master Installer must supply the Department with a copy of their Washington State, Department of Labor & Industries Contractor's License. The Master Installer Certificate is for individuals who will obtain sewage disposal system permits and repair permits and will be held responsible for all construction done under those permits.
The Master Installer exam is more detailed and requires extensive knowledge of Rules and Regulations relating to standard and alternative on-site sewage disposal systems (see the enclosed list of reference study materials for the Master Installer's Exam).
- ☐ **Associate Installer Certificate** - For individuals who will supervise work crews constructing or repairing on-site sewage disposal systems and must be physically present during the construction phase of the installation. (See reverse of this form for study information.)

Applicant's Name _____ Home Address _____ Home Phone () _____

city/zip
Name of Business Business
Business _____ Address _____ Phone () _____

city/zip
Check One: ☐ Business ☐ Individual ☐ Partnership ☐ Corporation

*State the names and residence addresses and residence phone numbers of all persons sharing in the profits of the business.
If a corporation: State the names of each officer, giving title, residence address, and residence phone number.*

Name Title Residence Address Residence Phone

List Qualifications and Experience (Include duration and location):

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY BOARD OF HEALTH RULES AND REGULATIONS GOVERNING DESIGN AND INSTALLATION OF SEWAGE WASTE TREATMENT AND DISPOSAL SYSTEMS, AND AGREE TO INSTALL THESE SYSTEMS IN ACCORDANCE WITH THE ABOVE REQUIREMENTS.

I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE REVOCATION OF MY CERTIFICATE OF COMPETANCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

(Applicant's Signature)

(Date)

For Department Use Only:

Date Fee Paid _____

Date Contractor's License Received _____ Test Score _____

☐ Approved

☐ Disapproved

_____ Date _____

Remarks: _____

**Seattle-King County Department of Public Health
Environmental Health Division**

STUDY INFORMATION

Charge

Associate Installer Applicants must study:

1. Title 13 (Board of Health Rules and Regulations #3) - effective date, April 1, 1987

2.20

In order to be successful on the examination, applicants will need to be especially familiar with the following: the installation permit process; setback requirements; specifications for septic tanks, pump chambers, various drainfield configurations, distribution boxes and sewage piping; soil depth requirements; and general installation procedures.

COPIES OF TITLE 13 ARE AVAILABLE AT THE LICENSES & PERMITS OFFICE (FIRST INTERSTATE CENTER) AND THE DISTRICT HEALTH CENTERS LISTED BELOW.

DISTRICT HEALTH CENTERS

Eastgate	Northshore	North	Alder Square	Central
14350 SE Eastgate Way Bellevue, WA 98007	10808 NE 145th Street Bothell, WA 98011	10501 Meridian Ave N Seattle, WA 98133	1404 Central Ave. S, Ste 101 Kent, WA 98032	172 - 20th Avenue Seattle, WA 98122
296-4932	296-9787	296-4838	296-4708	296-4632

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

**LIST OF REFERENCE/STUDY MATERIALS FOR THE
MASTER INSTALLER EXAM**

ITEM	SOURCE	COST
∴ Chapter 246-272 WAC Effective 1-1-95	Washington State Department of Health	No Charge
King County Code Update Memorandum 1-10-95	Seattle-King County Department of Public Health	No Charge
∴ The Code of the King County Board of Health Title 13 (Rules & Regulations No. 3, April 1, 1987)	Seattle-King County Department of Public Health	\$2.20
∴ Guidelines for the use of Pressure Distribution Systems, July 1996	Washington State Department of Health	\$2.60
∴ Guidelines for Mound Systems, November 1986 (Revised 9-93)	Washington State Department of Health	\$1.00
∴ Guidelines for Sand Filters, June 1996	Washington State Department of Health	\$1.00
∴ Design Manual for On-site Treatment and Disposal Systems, October 1980: <ul style="list-style-type: none"> • Chapters 6.1, 6.2, 6.3 • Chapters 7.1, 7.2, 7.3 • Chapters 8.1, 8.2, 8.3 	Environmental Protection Agency (EPA)	\$15.00
Installation of Pump and Float Control for Dosing	Seattle-King County Department of Public Health	No Charge
King County Site Development Process Flow Chart, March 8, 1998	Seattle-King County Department of Public Health	No Charge
Seattle-King County Health Department Memorandum, July 25, 1996 Guidelines for Sand Filters	Seattle-King County Department of Public Health	No Charge

∴ THESE MATERIALS MAY BE OBTAINED AT THE FOLLOWING LOCATIONS:

Eastgate District Health Center
14350 SE Eastgate Way
Bellevue, WA 98007
(206) 296-4920

Licenses & Permits Section
999 Third Avenue, Suite 700
Seattle, WA 98104-4099
(206) 296-4727

**APPLICATION FOR CERTIFICATE OF COMPETENCY
SEWAGE DISPOSAL DESIGNER**

SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
(206) 296- 4722

Complete this form and return it together with your \$100.00 nonrefundable examination fee to:

Seattle-King County Health Department
First Interstate Building
999 Third Avenue, Suite 700
Seattle, WA 98104-4099

NOTE: Exams are given @ 6 months
apart. The next exam is scheduled
for: ____/____/____

1. Name of applicant _____
2. Place of business known as _____
Business address _____
(City) (Zip)
Business telephone (8:00 a.m. – 5:00 p.m.) _____
3. Residence address of applicant _____
Residence telephone _____
4. State whether Individual, Partnership, or Corporation _____
5. If Partnership, state the names of all persons sharing in the profits of the business. If a Corporation, give the names of its officers, giving title, residence address and phone number of each.

6. If Individual or Partnership, state whether applicant is of legal age _____
7. Has the applicant or anyone owning an interest in the business, or proposed business ever been convicted or violating any law or ordinance involving an intent to fraud?

8. Qualifications – (experience) – (where) _____

9. Do you possess any other licenses or certificates in the general field of land development?
Explain: _____

10. Do you wish your name on a list for public referral? Yes _____ No _____

PLEASE NOTE: It is your responsibility as a Certificated On-site Disposal Designer to let this department know about any address changes. All notices of informational/educational meetings, etc. will be sent to the address listed on this form unless otherwise notified in writing by you.

I am familiar with the requirements of the King County Board of Health Rules and Regulations governing design and installation of sewage waste disposal systems and agree to design sewage waste disposal systems in accordance with these requirements. (*Refer to attached pages listing reference/study materials dated 2/2/98.*)

(Applicant's Signature)

(Date)

FOR DEPARTMENT USE ONLY

Date bond posted _____ Approved _____ Disapproved _____
Date

Remarks: (Method of examination) (If disapproved, give reason): _____

SEATTLE-KING COUNTY DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

**LIST OF REFERENCE/STUDY MATERIALS FOR THE ON-SITE
SEWAGE SYSTEM
CERTIFIED DESIGNER EXAM**

ITEM	SOURCE	COST
Chapter 246-272 WAC Effective 1-1-95	Washington State Department of Health	No Charge
King County Code Update Information Memo 1-10-95	Seattle-King County Department of Public Health	No Charge
The Code of the King County Board of Health Title 13 (Rules & Regulations No. 3) April 1, 1987	Seattle-King County Department of Public Health	\$2.20
King County Site Development Process Flow Chart – March 8, 1993	Seattle-King County Department of Public Health	No Charge
Guidelines for the use of Pressure Distribution Systems – July 1996	Washington State Department of Health	\$2.60
Guidelines for Mound Systems – November 1986 – Revised 9-93	Washington State Department of Health	\$1.00
Guidelines for Sand Filters – June 1996	Washington State Department of Health	\$1.00
Design Manual for On-site Treatment and Disposal Systems – October 1980	Environmental Protection Agency (EPA)	\$15.00
Installation of Pump and Float Control for Dosing	Seattle-King County Department of Public Health	No Charge
General Design Issues – December 7, 1994	Seattle-King County Department of Public Health	No Charge
<p style="text-align: center;">THE ABOVE MATERIALS MAY BE OBTAINED AT THE EASTGATE DISTRICT SERVICE CENTER, OR THE LICENSES AND PERMITS SECTION.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Eastgate District Service Center 14350 SE Eastgate Way Bellevue, WA 98007 (206) 296-4920</p> </div> <div style="text-align: center;"> <p>Licenses and Permits 999 Third Avenue, Suite 700 Seattle, WA 98104-4099 (206) 296-4727</p> </div> </div>		

Applicants for Designer Certification must become familiar with the following forms and/or procedures:

1. ∴ King County Site Development Process Flow Chart
2. ∴ Site Application for On-site Sewage Disposal System
3. ∴ Design Check List
4. ∴ Stub-out Release
5. ∴ Installers Backfill Notification Request for Final Inspection
6. ∴ On-site Sewage Disposal System As-built/Certification of Completion
7. ∴ As-built Check List
8. ∴ Pre-application Report for Subdivision
9. ∴ Application for Final Subdivision
10. ∴ Application for Health Department Lot Line Adjustment or Rezone Review
11. ∴ Water Supply Requirements (Wells)
12. ∴ Public Wells: Minimum Setback Distances for Contamination Sources
13. ∴ Completing Water Source Protective Covenants

∴ THESE MATERIALS MAY BE OBTAINED AT THE EASTGATE DISTRICT SERVICE CENTER, OR THE LICENSES & PERMITS SECTION.

It is *recommended* that applicants also become familiar with the following items:

- Basic Principles of On-site Sewage (May 1991)
- ∴ King County Board of Health Title 12 (Rules & Regulations No. 53) – Cost = \$1.70
- Chapter 246-290 WAC
- Chapter 246-291 WAC
- Sensitive Areas Map Folio (May be purchased through DDES (206) 296-6640)
- Sensitive Areas Ordinance (Ordinance No. 9614) (May be purchased through DDES (206) 296-6640)
- King County Soil Conservation Service Soil Manual
- King County Subdivision Law, Chapter 19, KC Code Ordinance #3579
- Manual of Septic Tank Practice

Due to limited quantities, the *recommended* materials (with the exception of Title 12) are available **only for in-office review** at the locations listed below.

Eastgate District Service Center
14350 SE Eastgate Way
Bellevue, WA 98007
(206) 296-4920

Licenses and Permits
999 Third Avenue, Suite 700
Seattle, WA 98104-4099
(206) 296-4727